

## Module 6: Healthy Practices: Safety and Wellness

### Overview

This module is designed to introduce the practices that keep children healthy and safe in early learning programs.

### Student outcomes

Student Outcome	Washington State Core Competency	Corresponding WAC	
		Centers	FHCC
<b>Outcome A</b> The student can differentiate between compliance and non-compliance of health and safety regulations.	V: Health, Safety and Nutrition– Knowledge of Regulations. 1a. Verbally explains and can locate the safety and health policies for the setting. 1d. Follows regulations regarding health and safety.	170-295-3010	170-296A-2350 170-296A-2375 170-296A-2400 170-296A-3200
<b>Outcome B</b> The student can summarize their role as a mandated reporter of child abuse and neglect.	V: Health, Safety and Nutrition Knowledge of regulations 1h. Explains and performs the mandated reporter role for child abuse and neglect.	170-295-6040	170-296A-6275
<b>Outcome C</b> The student will identify a healthy physical environment for children, including procedures for health, safety, and sanitation.	V: Health, Safety and Nutrition Environmental Safety 1g. Maintains a healthy physical environment by following health, safety and sanitation procedures.	170-295-5020 170-295-5010 170-295-5040	170-296A-3200



### Required Reading

1. *Child Care Center Licensing Guidebook* (2<sup>nd</sup> ed., DEL 2006)

**Outcome A:** Section 4, pp. 123-125 (“What kind of health policies and procedures must I have?”)

**Outcome B:** Section 7, pp. 217-219 (“What are the requirements regarding child abuse and neglect?”)

**Outcome C:** Section 3, pp. 85 (“What do I need to transport the children on off-site trips?”) Section 6 pp. 179-181 (“What first aid supplies are required in my center?” and “How do I maintain a safe environment?”), pp. 194-197 (How do I maintain a

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clean and sanitized environment?”) pp. 199 (“How must I store and maintain janitorial supplies?”) and pp. 208-209 (“What do I need to know about pesticides?”). Accessed online at:

<http://www.del.wa.gov/publications/licensing/docs/ChildCareCenterLicensingGuide.pdf>

2. *Washington State Family Home Child Care Licensing Guide* (2<sup>nd</sup> ed., DEL, 2013) Section 3 pp.7 “Nurture and Guidance”; Section 5 pp. 3-8; pp.12; pp. 26-34 “Health, Safety and Nutrition”; Section 6 pp.19; pp. 25 “Recordkeeping, Reporting and Posting”



### Recommended resources for instructors

1. Excellent source of information on health and nutrition for instructors including handouts, information and videos: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Health/nutrition/nutrition%20program%20staff/iammovingiam.htm>
2. Web site designed to help families in Washington locate parenting resources: [www.parenthelp123.org](http://www.parenthelp123.org)
3. To get connected to health resources in your community, call the Family Health Hotline at: 1-800-322-2588, or see <http://www.doh.wa.gov/cfh/childprofile/default.htm>
4. Risk factors and signs of child abuse and neglect: <http://www.healthychildren.org/English/safety-prevention/at-home/Pages/What-to-Know-about-Child-Abuse.aspx>
5. Ideas on providing physical activity daily: <http://www.letsmove.gov/get-active>
6. “I Am Moving, I Am Learning,” a program of Head Start, the Office of the Administration for Children and Families, and the Early Childhood Learning & Knowledge Center: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Health/nutrition/nutrition%20program%20staff/iammovingiam.htm>
7. The pamphlet, “Protecting the Abused and Neglected Child” DSHS 22-163(X),” outlines indicators of physical abuse and neglect, emotional abuse and neglect, and sexual abuse.



### Videos supporting this Module

- A video on child abuse reporting from the Washington State Department of Social and Health Services: <http://www.youtube.com/watch?v=MVfaKD37SQk>



### Opening activities

#### Option 1: Pair and share

Ask participants to turn to someone sitting nearby and pair up in twos (or threes), introduce themselves, and share their biggest worry about keeping children in their care healthy and safe. Debrief by asking participants to introduce their partner(s) and share

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the challenge they identified. In a larger class just ask for a few examples of what they discussed. You may want to record comments, and/or themes on whiteboard (or paper) and leave it posted to refer to later in the Module 7. If needed, explain that some of these issues will be covering in Module 7 rather than Module 6.

### Option 2: Purse search

Ask participants to look in their purses or packs to find things that might be potentially dangerous to children (such as coins, pens, candy/gum, medicine, lipstick, etc.). Explain that this activity will help us become more aware of the potential risks children may be exposed to. Ask students if they discovered anything surprising in their search.

## Outcome A

*The student can differentiate between compliance and non-compliance of health and safety regulations.*



### Discussion Questions

1. Why do we need to have health policies in early learning programs?
2. Which policies or program procedures for keeping children safe are unclear to you?



### Presentation

High quality programs promote safe and healthy environments where children can thrive and grow. Young children depend upon the adults in their lives to make healthful choices for them and to teach them to make smart choices for themselves.

Health policies are guidelines that support you in maintaining a climate of wellness by promoting healthy behaviors and preventing the spread of disease. The policies ensure that safe and appropriate health practices are in place. They also help to guide decision making about how to manage confusing or difficult situations. All licensed child care programs must have written health policies and procedures that are:

- Written in a manner that is clear and easy to understand.
- Shared with all new staff during orientation.
- Posted for staff and families to review.
- Reviewed, signed and dated by a physician, physician's assistant or registered nurse when you change your policies and procedures or type of care provided.

You have read about health policies and procedures in your Guides (page 123-125 in the *Child Care Licensing Guidebook*, and Sections 5 and 6 in the *Family Home Child Care Guide*). Ask the students, “Do you know what these are and where you can find instructions on how to do them?” and read the following list:

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- Provide general cleaning of areas
- Clean and sanitize equipment
- Prevent, manage and report communicable diseases
- Handle minor injuries such as scrapes
- Provide first aid
- Screen children daily for illnesses
- Notify parents that children have been exposed to infectious diseases and parasites
- Handle minor illnesses, such as the influenza (the flu)
- Handle major injuries and medical emergencies
- Manage medication
- Assist with hand washing, diapering and toileting
- Handle food
- Provide nutritious meals and snacks
- Respond during any disasters
- Care for children with special needs
- Care for infants
- Place infants to sleep on their backs
- Decide when children are ill, how to call for pick up and how to care for child until family arrives.

Explain that you listed 18 requirements for establishing a healthy environment for children. How many of the policies did students believe they were familiar with? How many of the 18 policies were students not familiar with and thought, 'No, I need to learn how to do that?' All policies need to be available for review by staff, parents, licensors, and others."



### Interactive Learning Activities

#### Option 1: Jigsaw puzzle: what does this policy mean?

##### Materials and Resources Needed

- Six different Health Policies and Procedures from different early learning programs
- Optional: paper, pens or pencils

Bring in six examples of Health Policies and Procedures from various child care programs. Divide the class into six groups so that each group has access to one copy. Then assign each group one of the following topics:

1. Handling minor injuries / Handling major injuries
2. Screening for daily illnesses / Calling parents to pick up a child / Caring for ill child until adult arrives
3. Managing medication
4. Responding during a disaster
5. Caring for infants: sleep, bottles, diapering, sleep

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### 6. Planning for disaster: fire, earthquake, emergencies

Have each group discuss the details of their health policy topic and how they would apply their sample Policies and Procedures to address their topics. After 10 minutes, have the small groups share with the class the details of the procedures they would follow to carry out their policy.

### Option 2: Compliance or non-compliance?

#### Materials and Resources Needed

- **Handout 1 “Does this Practice Comply or Not Comply?”**
- Copies of the *Center Licensing Guidebook* or *Family Home Licensing Guide*

Distribute **Handout 1**. The handout lists four practices you may have seen or done yourself as you care for children. Divide the group into pairs. Play this in a “game show” format. As you read the examples, each team decides: “Does this comply or not comply with health policy? Which WAC guides this practice? Give the last 4 digits of the WAC.

- Teacher Francie has been playing with the toddlers outdoors. She brings them indoors for snack time and immediately begins setting the table.  
(Answer: **Does not comply**. WAC 3020 Center: *Staff must wash hands with soap and warm water after being outdoors or involved in outdoor play.*)
- Child José becomes ill at preschool. He complains of an earache and he feels warm when his Teacher Sandy feels his forehead. Sandy calls Jose’s family to come get him, notifies her Director, and records the illness in the center’s log.  
(Answer: **Complies**. WA 3030: *“When a child becomes ill keep a confidential, individualized written record.” See Illness Log on page 131 of Center Guidebook, and page 5.10-11 of the FHCC Guide.*)
- Teacher Henry sends a note home informing families that the extra clothing supply is running low. He encourages families to make certain their child has an extra set of clothes in their cubby, and states that contributions to the classroom supply is always welcomed.  
(Answer: **Complies**. WAC 4140: *“Extra clothing is required to be made available.”*)
- Jasmine is in a hurry dropping off her daughter. As she is leaving she asks her family home child care provider, Sophia, to give her daughter morning and afternoon dosages of an antibiotic prescription. Sophia has seen this prescription before and assures Jasmine that her daughter is in good care.  
(Answer: **Does not comply**. WAC 3050: *“Parents must give written consent – child’s name, name of medication, reason, amount, how often, dates, side effects, storage.” See pages 138 and 139 of Center Guidebook, and pages 5.18-23 of the FHCC Guide.*)

## Outcome B

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*The student can summarize his or her role as a mandated reporter of child abuse and neglect.*



### Discussion Questions

1. What is the definition of “maltreatment?”
2. How can you become familiar with the symptoms of child abuse, including physical, sexual, verbal and emotional abuse, and physical or emotional neglect?
3. What do you need to do to follow state laws and community procedures that protect children against abuse and neglect?



### Presentation

Instructor will need **Handout 2, “The Professional’s Role.”**

Caregivers, teachers and others professionals in positions that have close and frequent contact with children are considered “mandated reporters” of abuse. The time spent with children makes caregivers likely to become aware of any maltreatment that may be occurring. You must protect the child in care from abuse, neglect or exploitation, as required under Chapter 26.44 RCW. To help us all understand what this means, let’s view this video from Washington State’s Department of Social and Health Services: <http://www.youtube.com/watch?v=MVfaKD37SQk>.

The law makes it very clear: “When any licensed or certified child care provider or their employee has reasonable cause to believe that a child... has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040.”

This means that when you have reason to suspect that a child is suffering from physical, sexual or emotional abuse, neglect, or exploitation, you must immediately report the circumstances. This report must be made to Child Protective Service’s central intake. Check with your local CPS office for the exact procedures to follow if there is immediate danger to a child. **If you know the child is in immediate physical danger or has been harmed and needs immediate medical attention, you must also make a report to local law enforcement.** If the suspected child abuse or neglect involves you or your staff, you must inform your licensor.

Once you file a report with CPS you are immune from any civil or criminal liabilities. When you report a case of suspected child abuse, CPS has the right to interview the child in your care and look at any of your files. You can be charged with a gross misdemeanor if you do NOT report a suspected case of child abuse, neglect, or exploitation.

So how will you know when you need to report a case of abuse or neglect? Not all acts of abuse involve physical harm to a child. Mental cruelty, threats, and failure to

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adequately supervise children are also types of abuse and neglect. The pamphlet, “Protecting the Abused and Neglected Child (DSHS 22-163[X]),” outlines indicators of physical abuse and neglect, emotional abuse and neglect, and sexual abuse. Your licenser can supply you with a copy of the pamphlet which offers more detailed information. Go to **Handout 2** for a short list of signs of abuse and neglect.

If you suspect a child is a victim of abuse or neglect, what are your next steps? You must contact CPS if you even suspect that certain injuries or bruises may be accidental. You must contact CPS if you see signs of emotional or sexual abuse or physical neglect. Even if you have made a report to CPS about a particular child earlier, you must report each new injury or incident. Do not attempt to interview the child or to manage the situation yourself. Both interviewing and investigating are the responsibility of CPS.

The phone number for CPS should be among the emergency numbers posted by each telephone in your program. In most circumstances you should not inform parents you are making a CPS report. Your parent handbook or posted health policies should inform everyone that you are mandated reporter and that you will report any suspicion of child abuse, neglect, or exploitation.

Shaken Baby Syndrome—Information to help you and the families you work with

Call the Parent Trust Family Help Line at 1.800.932.HOPE (4673).

All babies cry. It’s okay. Crying is one way a baby can tell you what she needs. It’s normal for babies to cry two to four hours a day. Even though crying is typical, it can still be stressful. Learning how to help calm a crying baby can help you feel better. Having a plan can help you stay calm if you feel like you’ve tried everything and the baby is still crying. These calming activities can be part of your plan:

Breathe. Take some deep breaths to help reduce feelings of anger and tension.

Follow the 10-foot rule. Place the baby in a safe place and walk 10 feet away until you have calmed down.

Take a break. Gently lay the baby down on his or her back and take a break.

Talk to someone. It can help to share your thoughts and feelings.

Go for a walk with the baby. A simple walk around the block can help calm both you and the baby.

Shaking a baby can cause lasting injuries and even death. Remind yourself that you are doing the best you can.

Additional resources

Have a Plan: Shaken Baby Syndrome Prevention brochure



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Have a Plan: Shaken Baby Syndrome Prevention brochure (Spanish)

Have a Plan: Shaken Baby Prevention video

Have a Plan: Shaken Baby Prevention video (Spanish)

Have a Plan: Shaken Baby Prevention video for teens

Child Profile health and safety information for parents and caregivers

Washington residents and agencies may order hard copies of the brochures by sending an email with their address and requested quantity to [strengtheningfamilies@del.wa.gov](mailto:strengtheningfamilies@del.wa.gov).



### Interactive Learning Activities

#### Option 1: The professional's role

- **Handout 2, “The Professional’s Role”**

Distribute **Handout 2**. Give time for each student to read the lists of potential signs of abuse and neglect. We have all heard stories of people who have been questioned regarding a child’s injury or condition. For example, a father takes his three-week old infant to the emergency room with an injury. The ER physician diagnoses a spiral fracture of the leg. But because the father cannot explain the injury, and such fractures are *usually* the result of physical trauma, the physician contacts CPS to file a report of suspected abuse. The father is shocked and maintains his innocence. Facilitate a short discussion on the potentially conflicting roles a professional carries out:

- Identifying children who are neglected or abused.
- Protecting children from any type of harm.
- Establishing trusting relationships with family members.

#### Option 2: The dos and don’ts of reporting

- **Handout 3, “Responding to the child in concerns of abuse and neglect”**

Distribute **Handout 3**. Ask students to review the dos and don’ts and identify the three tips that would be toughest to carry out. Pair and share with your neighbor.

### Outcome C

*The student will identify a healthy physical environment for children, including procedures for health, safety, and sanitation.*



### Discussion Questions



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1. What are some of the safety standards required by licensing regulations? Give examples of how they impact children's safety.
2. If you were giving a prospective parent a tour through your program, what safety procedures would you highlight?
3. What makes a safe indoor environment for young children? A safe outdoor environment for young children?



### Presentation

Keeping children safe from harm is an important job. Think of all the ways children could potentially be injured: from burns, objects falling, entrapments, falls, weapons, loud noises, tripping, pinches, punctures, crushing injuries, cuts, etc. Your role is to remove as many hazards as possible, exposing them to as few risks as possible. The Washington State Laws, or WACs, have outlined some of these risks and have prescribed ways licensed programs must meet with safety standards. You should be aware of the requirements for the following:

- Exits, Stairs, and Decks
- Shelving and portable furniture
- Radon, chemicals, lead and arsenic exposure
- Electrical outlets
- Shielded light bulbs
- Glass doors and windows
- Locks
- Working telephone
- Screens and windows
- Safe water and water play
- Fences and playground surfaces
- Ventilation and temperature requirements
- Animals, fish or pets

It is impossible to memorize all of the health standards and regulations aimed at keeping children and staff out of harm's way. Use your *Child Care Center Licensing Guidebook* and *FHCC Guide* as a reference. Work with your licenser, public health department, and fire department to stay up-to-date. Once a safe environment is set up, it needs to be maintained. Cleaning procedures for surfaces and equipment are spelled out for all to follow. The many things that children come in contact with should be relatively easy to clean, so avoid things that cannot be scrubbed "shiny clean." Know the approved bleach / water solutions for surfaces and toys and keep a record of the cleaning schedule.

Even with all precautions in place, accidents will happen, so you need to be prepared. Start with a well-supplied first aid kit for your classroom, playground and vehicle (the list

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of supplies for the first aid is in your guidebook or guide). It is recommended you also make available:

- ☐ Additional disposable gloves for changing diapers or handling soiled laundry.
- ☐ A blood spill kit when cleaning up blood or other body fluids.
- ☐ Cold packs, ice cubes, or frozen sponges to reduce swelling and ease discomfort.
- ☐ Hand wipes.
- ☐ Bottled water.

Each staff member must know where the first aid kit is kept. If you are going away from the center on a walk or a field trip, be sure to bring along a first aid kit. At all times, at least one staff member per group of children must have current first aid and age-appropriate CPR training. If first aid is required, stay calm. After treating an injury, remember to enter the necessary information in your accident/incident log and complete an incident report for the child's parents to sign and keep. Keep a copy of the incident report in the child's file. If an injury results where professional medical attention is required, you must notify your licenser and provide a written copy of the incident report. NOTE: There is a difference between an injury and an incident. The general rule is if it is an injury, a third party needs to be involved—that is, a professional. It is considered an incident if it can be handled with minor first aid applied. See **Handout 5, “Identify the hazards...”**



### Interactive Learning Activities

#### Option 1: Safe or unsafe?

Distribute **Handout 5, “Identify the hazards...”** Just by looking at pictures sometimes we can identify risks. We can see accidents just waiting to happen. Take a look at the pictures on this handout and quickly determine if they depict safe or unsafe situations for children.

#### Option 2: Squeaky clean

Pass out **Handouts 6 “Formulas for Bleach Solutions,”** and **6b “Strong or Weak?”** Review the guidelines for making bleach solutions. Then let each individual complete the worksheet requiring them to determine if a strong or a weak bleach solutions was required to make that item “squeaky clean.” Department of Health’s recent information about bleach solutions: [FinalDisinfectingSolutionsChartJanuary2015.pdf](#)

[FinalChlorineBleachDisinfectingSanitizingChartCompanionDocJanuary2015.pdf](#)

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### Option 3: First aid kit supplies

**Share Handout 4 “First Aid Kit Supplies.”** Each program is required to have well-stocked kits accessible at all times. Let’s quickly review how you might be expected to make use of these supplies. Where would you go to learn more about responding to injuries?



### Closing Activities

Remind the group that this module was designed to introduce the practices that keep children healthy and safe in their care setting. Choose one of the following activities:

#### Option 1: Ball toss circle

##### Materials Needed

- Small, soft ball

Ask the group to stand in a large circle and gently toss a small soft ball (like a Kush or Nerf) to a participant and ask her/him to:

- Name one new thing s/he learned today or thought was particularly important (explain that they can say pass if nothing comes to mind at the time).
- Next s/he tosses the ball underhand to another participant to answer the questions and so on until whole group has participated.

#### Option 2: Ready or Not?

##### Materials Needed

- Index cards and pens

As a teacher, consider your responsibilities for children’s safety. Pass out index cards or paper and ask participants to:

- Identify at least three concerns they have about keeping children safe in their classroom.
- Identify actions will they take to improve their competencies and confidence in each of these areas.

Ask for a few examples of what they wrote. Encourage them to keep the cards in a safe place and review them at the end of Module 7.



### Assessment of Learning

Have students take the quiz on **Handout 7, “Check for Understanding.”** Instructors may also use **Option 2: Ready or Not?** (above) to further assess student learning.

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### Handout 1

#### Does this Practice Comply or Not Comply?

Following is a list of practices you may have seen or done yourself as you care for children. Work with your partner to decide if this practice complies or does not comply with health policy guidelines. Then identify which WAC guided your answer (give the last 4 digits).

Scenario of a care provider's practice	Comply or Non-Comply?	Which WAC guides this practice Give the last 4 digits
Teacher Francie has been playing with the toddlers outdoors. She brings them indoors for snack time and immediately begins setting the table.		
José becomes ill at preschool. He complains of an earache and he feels warm when his teacher Sandy feels his forehead. Sandy calls José's family to come get him, notifies her Director, and records the illness in the center's log.		
Teacher Henry sends a note home informing families that the extra clothing supply is running low. He encourages families to make certain their child has an extra set of clothes in their cubby, and says contributions to the classroom supply are always welcomed.		
Jasmine is in a hurry dropping off her daughter. As she is leaving she asks her family home child care provider, Sophia, to give her daughter morning and afternoon dosages of an antibiotic prescription. Sophia has seen this prescription before and assures Jasmine that her daughter is in good care.		

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### Handout 2: The Professional's Role

The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of a single sign does not prove child abuse is occurring; however, when these signs appear repeatedly or in combination, you should take a closer look at the situation and consider the possibility of child abuse.

**The following signs may signal the presence of child abuse or neglect:**

#### **The Child:**

- ☐ Shows sudden changes in behavior or performance
- ☐ Has not received help for physical or medical problems brought to the parent's attention
- ☐ Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes.
- ☐ Is always watchful, as though preparing for something bad to happen
- ☐ Lacks adult supervision
- ☐ Is overly compliant, passive or withdrawn
- ☐ Has unexplained burns, bites, bruises, broken bones or black eyes
- ☐ Offers conflicting explanations as to how the injury occurred
- ☐ Has fading bruises or other marks noticeable after an absence from school
- ☐ Is frightened of the parents and protests or cries when it is time to go home
- ☐ Shrinks at the approach of adults
- ☐ Reports injury by a parent or another adult caregiver

#### **The Parent or other Adult Caregiver:**

- ☐ Shows little concern for the child
- ☐ Denies the existence of- or blames the child for- the child's problems in school or at home
- ☐ Asks providers to use harsh physical discipline if the child misbehaves
- ☐ Sees the child as entirely bad, worthless, or burdensome
- ☐ Demands a level of physical or academic performance the child cannot achieve
- ☐ Looks primarily to the child for care, attention and satisfaction of emotional needs
- ☐ Offers conflicting, unconvincing or no explanation for the child's injury
- ☐ Describes the child as "evil" or in some other very negative way
- ☐ Uses harsh physical discipline with the child

#### **The Parent and Child Together:**

- ☐ Rarely touch or look at each other
- ☐ Consider their relationship entirely negative



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### Handout 3

### Responding to the child in concerns of abuse and neglect

#### DO:

- ☐ Remain calm. A child may retract information or stop talking if he/she senses a strong reaction.
- ☐ Find a private place to talk without interruptions.
- ☐ Put the child at ease by sitting near him/her.
- ☐ Ask permission before touching the child. Touch may be associated with physical or emotional pain in children who have been physically or sexually abused.
- ☐ Reassure the child that he/she is not in trouble.
- ☐ Use the child's vocabulary.
- ☐ Support the child: "I am sorry that happened to you."
- ☐ Do what you can to make certain that the child is safe from further abuse.

#### DO NOT:

- ☐ Press for details. You do not need to prove abuse or neglect.
- ☐ Ask "why" questions. These questions require children to explain actions that they may not understand.
- ☐ Promise that you will not tell anyone about the child's disclosure.
- ☐ Ask leading or suggestive questions.
- ☐ Make angry or critical comments about the alleged perpetrator. The child often knows, loves, or likes this person.
- ☐ Disclose information indiscriminately, keeping in mind the child's right to privacy.
- ☐ Make the child feel different or singled out.
- ☐ Investigate a case yourself. Call the police or CPS.



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### Handout 4



### First Aid Kit Supplies

Following is the list of the supplies required for your First Aid Kit. The question is, “What do I do with this?” Work with your neighbor to discuss situations when you might need to use each item in your First Aid Kit. Record your ideas.

Required supply	When I might need to use this -
Sterile gauze pads (2 – 4 inch sizes)	
Small scissors	
Band-Aids of various sizes	
Roller bandages (1 – 2 inch widths)	
A large triangular bandage	
Non-sterile protective gloves	
Adhesive tape	
Tweezers	
One-way CPR barrier or mask	
A current first-aid manual	



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### Handout 5

Identify the hazards that make the environment unsafe:

Safe or Unsafe?		Safe or Unsafe?	
Safe or Unsafe?		Safe or Unsafe?	
Safe or Unsafe?		Safe or Unsafe?	
Safe or Unsafe?		Safe or Unsafe?	
Safe or Unsafe?		Safe or Unsafe?	
Safe or Unsafe?		Safe or Unsafe?	
Safe or Unsafe?		Safe or Unsafe?	

### FORMULAS FOR BLEACH SOLUTIONS

- Disinfecting solution is more concentrated and is used for diapering areas, bathrooms, hand washing sinks, floors, and surfaces contaminated by body fluids. Bleach comes in different strengths, depending on the brand. Go to the Washington State Department of Health for specific guidelines: [http://here.doh.wa.gov/materials/guidelines-for-bleach-solutions/13\\_Disinfect\\_E15L.pdf](http://here.doh.wa.gov/materials/guidelines-for-bleach-solutions/13_Disinfect_E15L.pdf)
- For bleach strength 8.25% use 2 Tablespoons per gallon of water, or 1 1/2 teaspoons per quart of water.
- This solution is strong enough to kill germs quickly, but it still needs time to work. You must let the surface air-dry for a minimum of two minutes. Using a towel or sponge to dry the surface increases the chances of putting germs back on the cleaned surface. Bleach evaporates quickly, leaving no toxic residue.
- Sanitizing solution is a less concentrated solution and is used for dishware that has been cleaned, kitchens, table tops, classroom counters and doorknobs, and toys that are mouthed by children.
- For bleach strength 8.25% use 1 teaspoon per gallon of water, or 1/4 teaspoon per quart. For this less concentrated solution to do its job of killing germs, the bleach must stay on surfaces or objects for at least two full minutes. Allow the items to air dry.
- You can make a quantity of a bleach solution each day and pour into spray bottles for use. Empty out and refill spray bottles daily because chlorine bleach exposed to air loses its strength.



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Handout 6b: Strong or weak? Know your bleach solutions.

Strong or Weak?		Strong or Weak?	
Strong or Weak?		Strong or Weak?	
Strong or Weak?		Strong or Weak?	
Strong or Weak?		Strong or Weak?	
Strong or Weak?		Strong or Weak?	
Strong or Weak?		Strong or Weak?	

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### Handout 7

#### ☒ Check for Understanding (10 Points)

##### True or False:

1. All licensed centers/providers must have written health policies and procedures.
2. There are multiple topics that need to be included in the health policies. Some are more important than others. For example, “responding to any disaster policy” would not be an important issue.
3. Only the director of a center and/or provider is mandated to report child abuse and/or neglect if she feels it is legitimate.
4. Safety characteristics are equally important for both indoor and outdoor play.
5. A first aid kit should include everything a center would need for minor injuries.
6. The only adult who should have a key to the locked first aid kit is the center director.
7. All children need to be screened daily for illnesses.
8. Bleach solutions are the most common and recommended sanitizing/disinfecting solution in a facility.
9. It is not necessary to use a bleach solution in diapering areas if you use a blanket and/or towel underneath the infant or toddler.
10. Children should not share hats, combs, hairbrushes, or hair ornaments.
11. Failing to provide food, shelter, clothing or supervision to ensure a child's health or safety is a form of child abuse. .
12. It is not necessary to have a policy in place to prevent child abuse and/or neglect.
13. The WAC does not describe playground surface requirements because every site is different.
14. Centers must implement a method to monitor entrance and exit doors to prevent children from exiting the buildings unsupervised.
15. A cleanable surface is one that is designed to be cleaned frequently and is free from cracks, chips or tears.

## **Module 6: Healthy Practices: Safety and Wellness**

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16. Diapering areas and any surface that is exposed to body fluids can be sanitized with just a soap and warm water solution.
17. Health Policies for a program will inform staff how to: handle minor and major injuries, screen for daily illnesses, manage medication, respond to and plan for disaster, as well as care for infants.
18. As a child care provider your role is to remove as many hazards as possible, exposing children in your care to as few risks as possible.
19. Safe water and water play are not addressed in the child care WACs, because all water play is off limits.
20. If an injury results where professional medical attention is required, your licensor must be notified and provided a written copy of the incident report.

## **Module 6: Healthy Practices: Safety and Wellness**

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☒ Check for Understanding (Answer Key)

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